

Note: Please ensure that your application form/cheque is completely filled and signed before handing it over to our representative

 Alfalah Investments

EMPLOYER APPLICATION FORM **FORM AGIML VPS-02**

* Mandatory Fields

Select Pension Scheme: AGHP Islamic Pension Fund AGHP Pension Fund Both

This form is to be completed by the employer. In addition, the employer would be required to attach duly filled Participant Registration Form for each employee joining the pension funds.

EMPLOYER DETAILS: Please write in **BLOCK LETTERS** using black ink

*Company Name:			
*NTN No.:		SECP Registration No.:	
*Address:			
*Phone No.:	Cell No:	Email:	Fax No.:
*Type of Company: <input type="checkbox"/> Partnership <input type="checkbox"/> Sole Proprietorship <input type="checkbox"/> Joint Stock <input type="checkbox"/> Club Society/Association <input type="checkbox"/> Trust <input type="checkbox"/> Executors/Administrators <input type="checkbox"/> Government <input type="checkbox"/> Others (specify): _____			
*Type of Organization: <input type="checkbox"/> Takaful Company <input type="checkbox"/> NBFC <input type="checkbox"/> Provident Fund <input type="checkbox"/> Pension Fund <input type="checkbox"/> Public Limited Company <input type="checkbox"/> Commercial Bank <input type="checkbox"/> DFI <input type="checkbox"/> Others (specify): _____			

(Optional)
Name of Chief Executive Officer: _____
Phone No.: _____ **Cell No:** _____ **Email:** _____ **Fax No.:** _____

Primary Contact / Dealing Officer Details:	Specimen Signature of Primary Contact / Dealing Officer:
Name: _____ Designation: _____	
Department: _____ Phone No.: _____ Cell No: _____	
Email: _____ Fax No.: _____	

EMPLOYEE CONTRIBUTION DETAILS:

No. of employees joining: **AGHP Islamic Pension Fund** _____ **AGHP Pension Fund** _____
- For each employee joining a pension/islamic pension fund separate Participant Registration Form must be submitted.
- On each transaction of employer, list of Participants invested should be submitted on letter head signed by authorized signatories (as per the following format).

Reg. No.	Name of Employee	CNIC/NICOP No.	Name of Pension Fund	Contribution Amount (Rs.)
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

Contribution Amount: Rs. _____ **Amount in Words:** _____

Mode of Payment: Cheque Demand Draft Pay Order Other: _____ **Cheque/DD/PO/Ref. No.:** _____ **Dated:** _____
(Provide online/RTGS reference No. and receipt copy)

Drawn On: _____

Contribution Frequency: Monthly Quarterly Half-yearly Yearly

DECLARATION AND CONFIRMATION:

- We agree to be bound by and comply with the provisions of the respective Trust Deed and the Voluntary Pension System Rules, 2005 governing the pension Fund and the Income Tax ordinance, 2001 governing the taxation matters of the Pension Fund and also abide by the terms, conditions, rules, regulations and other statutory requirements applicable to Alfalah GHP and the respective Funds
- We agree in respect of our employees who are members of the pension funds to pay the contributions amounts of both employer and employee in due time.
- We agree to keep Alfalah GHP updated on all changes in the contribution amounts of any employee, or any additions or deletions in the number of employees participating in the pension funds, or changes in any circumstances/particulars including change in primary contact person or person dealing with contribution payments or any authorized signatories on a timely basis and shall not hold Alfalah GHP responsible in case of delay in notifying such changes.
- We hereby agree to provide any additional information/documentation that may be required by the Alfalah GHP, in connection with this form and understand that it is our responsibility to keep Alfalah GHP updated and inform Alfalah GHP of any change of any particulars/circumstances/contact persons/signatory details.

Name of Signatory No. 1	CNIC No.	Signature	Date & Company Stamp
_____	_____	_____	_____
Name of Signatory No. 2	CNIC No.	Signature	
_____	_____	_____	
Name of Signatory No. 3	CNIC No.	Signature	
_____	_____	_____	
Name of Signatory No. 4	CNIC No.	Signature	
_____	_____	_____	

Individual Investor	Attestation of Branch Manager and Witnesses shall be required only in case of Investor with unstable signature or thumb impression	
Principal Applicant's Signature / Left Hand Thumb Impression	Attestation of Branch Manager	Witnesses (Adult Male Persons only)
	_____	Name: _____
	_____	CNIC: _____
	_____	Signature: _____
	_____	Name: _____
	_____	CNIC: _____
	_____	Signature: _____

Investment Facilitator / Distributor Details (For Official Use Only)

Distributor/Facilitator Name	Code	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	Distributor's Stamp with date and time
Branch Name	City	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	

Investor Services / Registrar Details (For Office Use Only)

Date and Time Stamping	Form received by	Name and Signature
	Date, Form and attachments verified by	Name and Signature
	Data input by	Name and Signature